



County of Fluvanna

OFFICE OF THE COMMISSIONER OF THE REVENUE

Lauren R. Sheridan, Commissioner

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CHANGE OF ADDRESS FORM

For: _____ Real Estate (Land) _____ Personal Property (Vehicles)

If Real Estate, please provide the map number(s): _____

Name on Property: _____

Name of Requestor: _____

Old Mailing Address: _____

City: _____ State: _____ Zip: _____

New Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Phone #: _____